

SIDS Largely Eradicated In Sweden & Japan by Doing This 1 Thing

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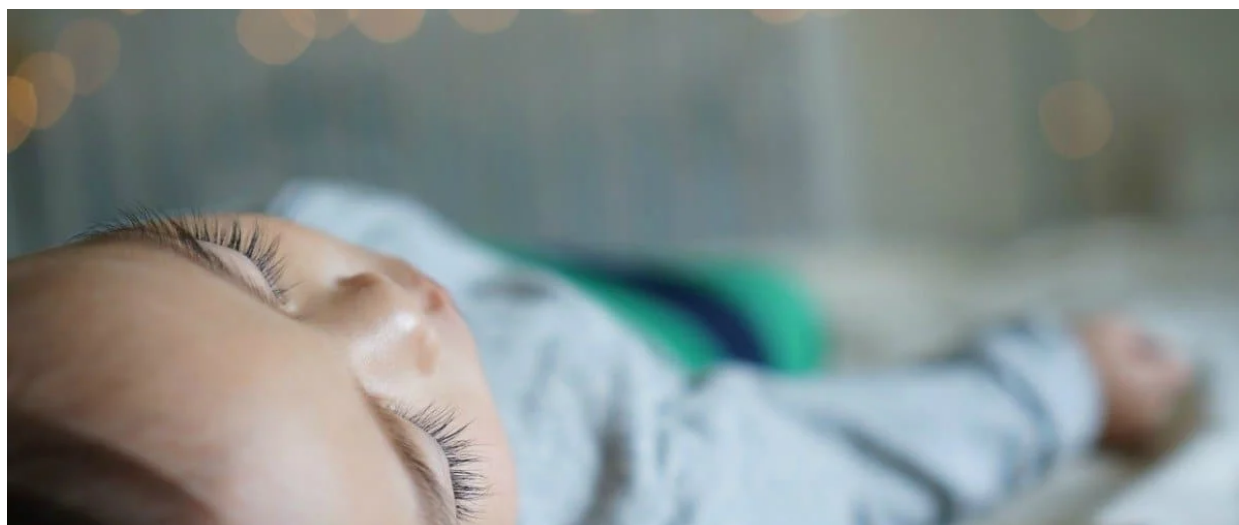
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Modified: Jun 1, 2023 · Published: Apr 4, 2019

By [Jacqueline](#) • [6 Comments](#)



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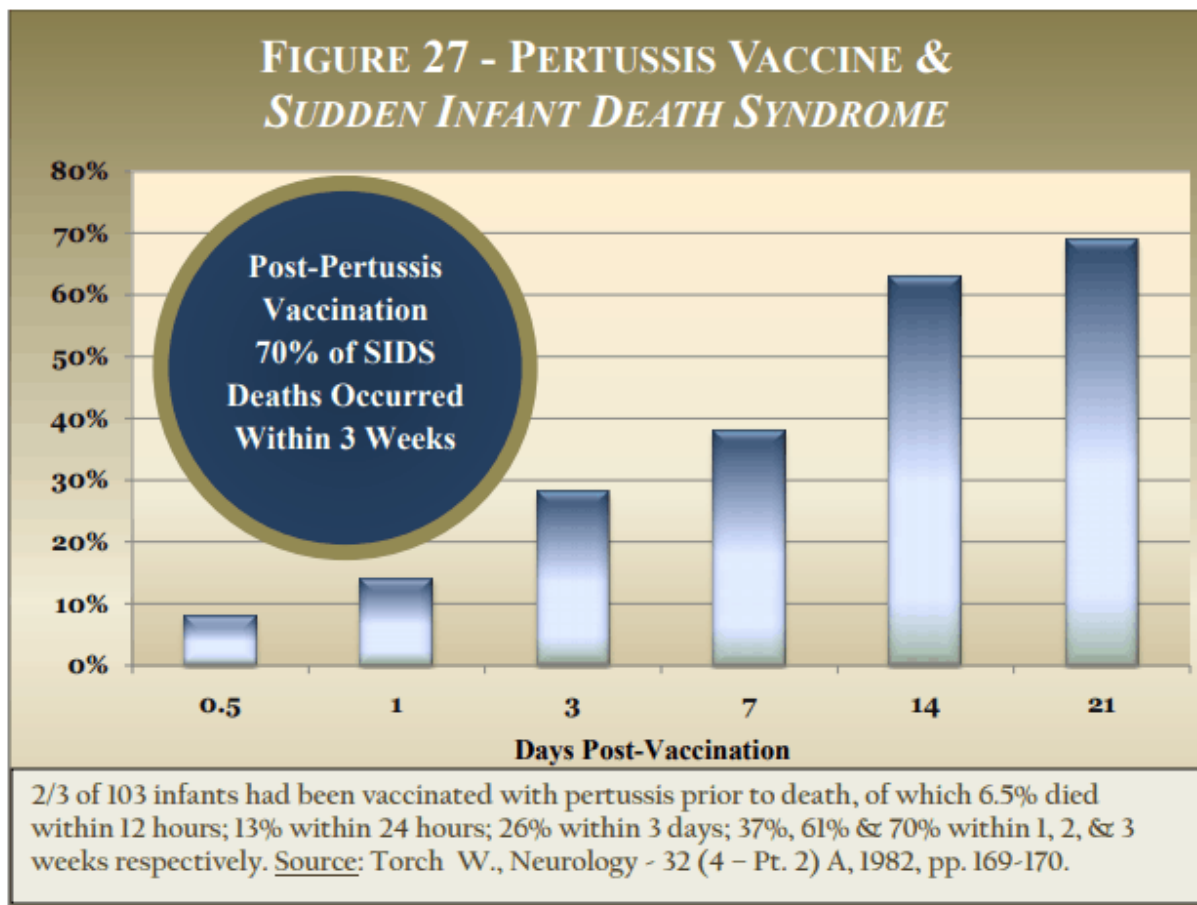
The [CDC published](#), “About **3,500 babies in the United States die suddenly and unexpectedly each year**. Sudden unexpected infant deaths include sudden infant death syndrome (SIDS), accidental suffocation in a sleeping environment, and other **deaths from unknown causes**.
(emphasis added)

So what are the unknown causes? I would like to investigate it here.

Investigating SIDS & the (DPT) Pertussis Vaccine influence

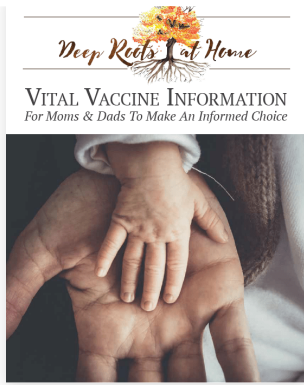
A well-known scholarly study was done (1982). It shows **the relationship between the pertussis vaccine and SIDS was already known by many** in the scientific community. The pertussis vaccine/crib death correlation was quite clear!
And...

...yet in the conclusion they said there was no causal relationship!



(Figures taken from statistics in [Evidence Concerning Pertussis Vaccines and Deaths Classified as Sudden Infant Death Syndrome](#))

A quote from this study: “Torch (1986) summarized case reports of more than 150 deaths, post-DPT immunization, which had been reported by 37 authors in 12 countries; approximately 50 percent of these deaths occurred within 24 hours, 75 percent within 72 hours, and 90 percent within 1 week following DPT administration.” ([source](#))



Hiding the Evidence that DPT causes SIDS

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Read
closely –
a series
of SIDS
deaths in

Tennessee is prompting Wyeth officials to make sure that vials from a single lot don't get distributed to a single state, county or health department. The memo says "senior management staff" gave the OK to proceed with the plan. It's hard not to make a conclusion about this document...

INTERNAL CORRESPONDENCE

Wyeth

DTP vaccine was causing S.I.D.S

Mr. Larry Hewlett	from	Alan Bernstein
ny WLD located Radnor	company	WLI located Marietta
DTP Vaccine	date	August 27, 1979

After the reporting of the SID cases in Tennessee, we discussed the merits of limiting distribution of a large number of vials from a single lot to a single state, county or city health department and obtained agreement from the senior management staff to proceed with such a plan.

This subject has been discussed with Charlie Young and the following guidelines were developed by FSRD. I would appreciate your comments concerning this procedure and the advisability of formalizing these guidelines.

Interim Measures in Effect

1. Allocation of stock to Distribution Centers is designated by lot number in a manner designed to leave the maximum variety of lot numbers in Great Valley and Marietta to service substantial orders.
2. Managers in D.C.'s carrying average inventories of over 3000 packages (approximate) have been requested to advise FSRD of any orders exceeding 2000 vials. FSRD will then designate shipment by lot number, furnishing additional stock as needed.

Permanent Policy Proposal

1. A D.C. will not fill any order with stock exceeding 2000 packages of one lot number before clearing with FSRD.
2. When additional stock is needed for compliance, FSRD will make necessary arrangements.
3. In the event that the national inventory does not permit compliance, FSRD will clear exception with Marietta management, or make arrangements for split delivery.

Batches were split to hide link!!!

Alan Bernstein

WVEP

10-11-79

30

AB/ES

US Highest in Infant Mortality & Highest in Infant Vaccinations

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study shows **clear contrast between the lowest childhood mortality (Sweden and Japan) and the highest mortality (the United States)**

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Comparison: Vaccines and Infant Death

Table 1. Why is the USA Highest in Infant Mortality and Highest in Infant Vaccination?

2009 Infant mortality rates, top 34 nations

Rank	Country	IMR
1	Singapore	2.31
2	Sweden	2.75
3	Japan	2.79
4	Iceland	3.23
5	France	3.33
6	Finland	3.47
7	Norway	3.58
8	Malta	3.75
9	Andorra	3.76
10	Czech Republic	3.79
11	Germany	3.99
12	Switzerland	4.18
13	Spain	4.21
14	Israel	4.22
15	Liechtenstein	4.25
16	Slovenia	4.25
17	South Korea	4.26
18	Denmark	4.34
19	Austria	4.42
20	Belgium	4.44
21	Luxembourg	4.56
22	Netherlands	4.73
23	Australia	4.75
24	Portugal	4.78
25	United Kingdom	4.85
26	New Zealand	4.92
27	Monaco	5.00
28	Canada	5.04
29	Ireland	5.05
30	Greece	5.16
31	Italy	5.51
32	San Marino	5.53
33	Cuba	5.82
34	United States	6.22

Table 2.

Summary of International Immunization Schedules:
vaccines recommended/required prior to one year of age in 34 nations

Nation	Vaccines prior to one year of age	Total
Sweden	DTaP (2), Polio (2), Hib (2), Pneumo (2)	12
Japan	DTaP (3), Polio (2), BCG	12
Iceland	DTaP (2), Polio (2), Hib (2), MenC (2)	12
Norway	DTaP (2), Polio (2), Hib (2), Pneumo (2)	12
Denmark	DTaP (2), Polio (2), Hib (2), Pneumo (2)	12
Finland	DTaP (2), Polio (2), Hib (2), Rota (3)	13
Malta	DTaP (3), Polio (3), Hib (3)	15
Slovenia	DTaP (3), Polio (3), Hib (3)	15
South Korea	DTaP (3), Polio (3), HepB (3)	15
Singapore	DTaP (3), Polio (3), HepB (3), BCG, Flu	17
New Zealand	DTaP (3), Polio (3), Hib (2), HepB (3)	17
Germany	DTaP (3), Polio (3), Hib (3), Pneumo (3)	18
Switzerland	DTaP (3), Polio (3), Hib (3), Pneumo (3)	18
Israel	DTaP (3), Polio (3), Hib (3), HepB (3)	18
Liechtenstein ^a	DTaP (3), Polio (3), Hib (3), Pneumo (3)	18
Italy	DTaP (3), Polio (3), Hib (3), HepB (3)	18
San Marino ^a	DTaP (3), Polio (3), Hib (3), HepB (3)	18
France	DTaP (3), Polio (3), Hib (3), Pneumo (2), HepB (2)	19
Czech Republic	DTaP (3), Polio (3), Hib (3), HepB (3), BCG	19
Belgium	DTaP (3), Polio (3), Hib (3), HepB (3), Pneumo (2)	19
United Kingdom	DTaP (3), Polio (3), Hib (3), Pneumo (2), MenC (2)	19
Spain	DTaP (3), Polio (3), Hib (3), HepB (3), MenC (2)	20
Portugal	DTaP (3), Polio (3), Hib (3), HepB (3), MenC (2), BCG	21
Luxembourg	DTaP (3), Polio (3), Hib (3), HepB (2), Pneumo (3), Rota (3)	22
Cuba	DTaP (3), Polio (3), Hib (3), HepB (4), MenBC (2), BCG	22
Andorra ^a	DTaP (3), Polio (3), Hib (3), HepB (3), Pneumo (3), MenC (2)	23
Austria	DTaP (3), Polio (3), Hib (3), HepB (3), Pneumo (3), Rota (2)	23
Ireland	DTaP (3), Polio (3), Hib (3), HepB (3), Pneumo (2), MenC (2), BCG	23
Greece	DTaP (3), Polio (3), Hib (3), HepB (3), Pneumo (3), MenC (2)	23
Monaco ^a	DTaP (3), Polio (3), Hib (3), HepB (3), Pneumo (3), HepA, BCG	23
Netherlands	DTaP (4), Polio (4), Hib (4), Pneumo (4)	24
Canada	DTaP (3), Polio (3), Hib (3), HepB (3), Pneumo (3), MenC (2), Flu	24
Australia	DTaP (3), Polio (3), Hib (3), HepB (4), Pneumo (3), Rota (2)	24
United States	DTaP (3), Polio (3), Hib (3), HepB (3), Pneumo (3), Rota (3), Flu (2)	26

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3170075/>

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US ranks close to the highest in infant deaths among developed countries – and first in number of vaccines. Coincidence?

Vaccines may well be the culprit in the appalling infant mortality rate of US babies.

The Overpowering of a Healthy Immune System

Another definitive peer-reviewed scientific study should inform all of us as to **the “unknown cause” of SIDS.**

I took 2 screenshots from [this study](#). **The highlighted text makes for a quick read.**

Background The introduction of modified live viruses as vaccines enable the virus to attach its genetic material into the cell which replicates i.e. the host cell continues to function whilst producing the viral protein. This stimulates the production of antibodies. Under normal circumstances exposure to a viral disease would be countered (in vivo) at various levels enabling the body to steadily increase its immune response. By contrast, the injection of vaccines directly into the blood system overpowers the normal immune response leading to its rapid depletion. It is now suspected that long-term persistence of viruses and other proteins may produce chronic disease i.e. instead of producing a genuine immunity the vaccines are altering the body's systemic and biochemical stability, suppressing the production of differing types of white blood cells and hence immune function. Furthermore the introduction of many vaccines (up to 30 in a typical vaccination schedule) introduces a large number of foreign proteins which may be sufficient to ensure that immune function never returns to baseline and/or that immune biochemistry is fundamentally altered[62]. Consequently there now exists a growing concern which links immunizations to the huge increase in recent decades of auto-immune diseases[79] e.g., rheumatoid arthritis[80,81], multiple sclerosis, lupus erythematosus, lymphoma, leukemia, autoimmune demyelinating optic neuritis, diabetes mellitus, etc.

Vaccinations influence the balance of viral scavengers[82,83]. They suppress the production of b-cells, t-cells, etc. The synergistic action of these cells impairs antibody formation and becomes less effective in phagocytosis. This influences recognition of viral pathogens, leads to the progressive failure of immune function and hence to the increased incidence of auto-immune disease which we note as allergies[84-86] and immunodeficiency[87].

- * Some vaccinations have a greater effect than others e.g. Hib vaccine, pertussis vaccine[88-90], measles vaccine[91], etc. Indeed some articles indicate that the use of such vaccines can reliably induce asthma[92] by moderating adrenergic function[93].

Modified live viruses alter the structure and function of DNA. Each virus is a large molecule therefore its spatial arrangement must be influenced by its biochemistry which influences cross-helical structures and linkages within the DNA helix. Accordingly it is inevitable that the steady accumulation of such foreign proteins arising from an intensive vaccine programme will reach the stage where it significantly weakens DNA, gene, and chromosome structure and function. The prevailing reaction conditions - the consequence of protein expression which has been influenced by previous vaccines - will also affect the introduction of each modified live virus. Each will depress immune function. The greater the number of viruses and foreign proteins (1) the greater the influence upon immune function and the time required for recovery from each vaccination; (2) the greater their influence upon DNA, gene and chromosome structure and function, the greater will be the risk of protein inhibition, system dysfunction, reproduction, etc.

- * The greater the amount of vaccines, introduction of foreign proteins and hence of alterations to the body's biochemistry the greater the risk that the body's immune function no longer recognizes or responds to existing vaccines or diseases[94] and/or that its immune response has been altered[95] and/or that sugar chains attached to an antibody alters its ability to bind to its receptors[96]. This may lead to mutated forms

(Source)

Removing the Pertussis Vaccine will Eradicate a large portion of SIDS cases

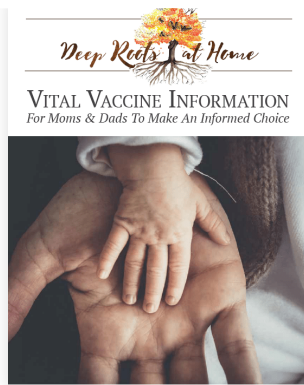
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Vaccines are not entirely safe. The currently used vaccines are merely less unsafe than previous vaccines[109,110] e.g.

- The Urabe strain of mumps vaccine in the MMR vaccine was replaced by the Jeryl Lynn mumps strain in response to reports from Japan linking the Urabe strain used, in the MMR vaccine, with high levels of meningoencephalitis.
- The Pluserix-MMR and Immramax-MMR vaccines were withdrawn because of reports of mild transient meningitis. The withdrawal of the smallpox vaccination led to a reduction in the incidence of TB.
- The Rubini vaccine continues to be used in some European territories although discredited[111].
- Leningrad-Zagreb strain is commonly used in developing countries, and may have superior efficacy when used during epidemics[112,113].
- Different strains of disease have different safety profiles[114]
- Different strengths of vaccine[115] carry risks which affect age groups or sexes differently.
- There are concerns over the use of whole-cell vaccines[116,117] although some argue that acellular vaccines are less effective[118].
- Sudden Infant Death Syndrome has been largely eradicated following withdrawal of the pertussis vaccine in Sweden and Japan. / / /
- Side-effects arising from vaccination are associated with the onset of autoimmune disease[79,119], arthritis, diabetes mellitus, autoimmune demyelinating optic neuritis, etc.
- Sensory defects are a common side-effect of vaccines[120–122] e.g. sensori-neural hearing loss induced by the MMR vaccine.
- Drugs inhibit the effectiveness of vaccines (see 3.3.2). Systemic glucocorticoids (steroids) suppress the immune system and create risk of disseminated infection from live virus vaccines[123]. Vaccines may also be influenced by levels of immune function, dietary factors, and stress[124]. Many parents of autistic children and a number of medical experts believe the MMR vaccine is the culprit behind autism. In c15-20% of children it causes fever 7-12 days following immunization.

(Source)

What I am saying is that **this is well-KNOWN information, and yet we hear that there are no connections to these terrible outcomes** we are seeing in so many children (affecting so many families) ...and the rates of incidence just keep going up!



The Swedish & Japanese People Said "No!"

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The
Swedish
Riksdag

(Parliament) rejected seven motions in May, 2017, that would have enshrined forced vaccinations into law, stating, 'It would violate our [Swedish Constitution] if we introduced compulsory vaccinations, or mandatory vaccinations.'

Noting also the 'massive resistance by the Swedes to all forms of coercion with regard to vaccinations', the Riksdag also made reference to 'frequent serious adverse reaction' in children who receive vaccinations. ([source](#))

Japanese Government Continues the Ban: see [more here](#).

Pls. Read: Proven Vaccine Detox If You See Your Child or Baby Regress. For adults who take a shot, increase dose

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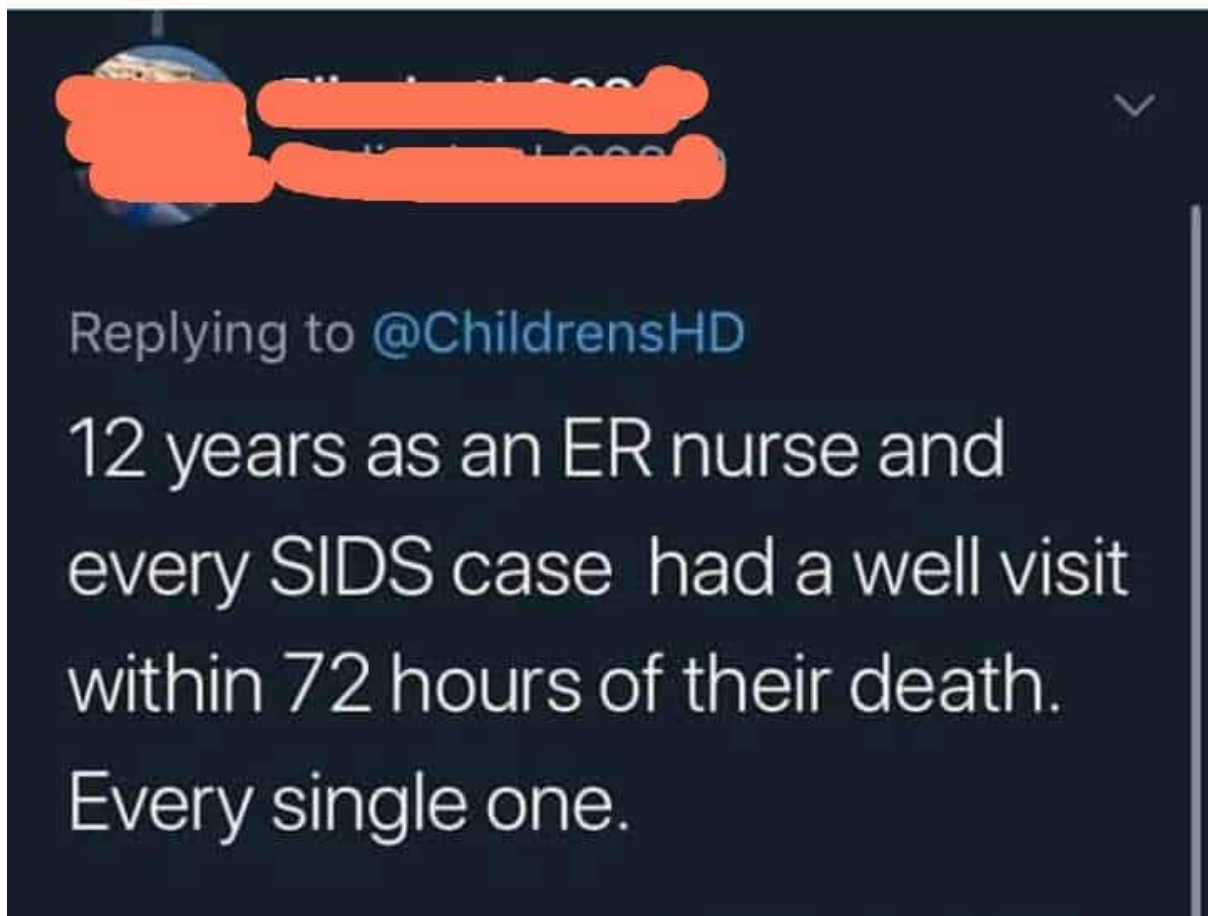
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*****For My Master email and the FULL PROTOCOL**

(including NAC) to protect from transmission from the “V”
and to help those who took the “V”, [**go here.**](#)

**“Liberty, once lost, is lost forever.” ~John Adams, in a
letter to Abigail, July, 1775**

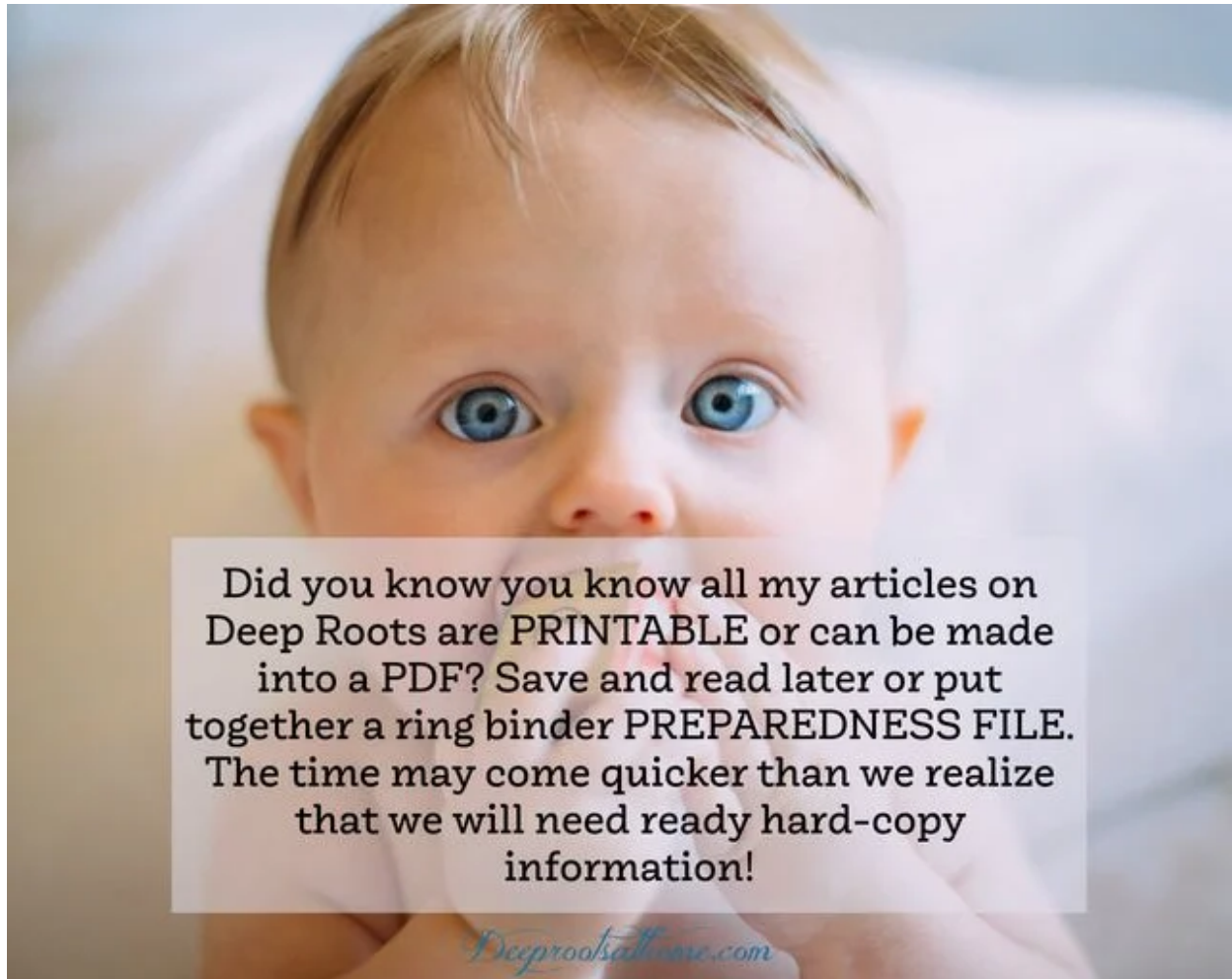
**“Beloved, I pray that all may go well with you and that
you may be in good health, as it goes well with your
soul.” ~3 John 1:2**



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This post is worth printing! Good science is disappearing rapidly!



Deep Roots At Home now has a PODCAST! We are covering everything from vaccines, parenting topics, alternative medicine, and I just gave **my testimony of abortion and assisting in abortion.** Head over today and like, share and download a few episodes! <https://buff.ly/3KmTZZd>

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You can also find me on [Instagram](#), [MeWe](#) and [Telegram](#).

Medical Disclaimer: I am no longer a practicing medical professional, and I am not doctor. I am a mother. I do seek scientific confirmation of the safety and effectiveness of the herbs and remedies I use. Using remedies is a personal decision. Nothing I say on this blog is intended to treat or prevent disease. Consult your own doctor.

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Morels: Mushrooms Fun To Hunt, Amazing To Eat with Power To Heal »



Hi! I'm Jacqueline!

Thanks for being part of this journey with me.



Welcome to my own little place on the internet! Home is where I love to be. I feel there is no greater place to incubate souls. These days you'll find me using my experiences here to write about herbal remedies and natural health research — a big passion of mine. But being a wife and mother is not easy. It is challenging and potentially lonely. I get that. I wanted to create a place to connect with and support other moms for creating a natural, healthy, and fulfilling home life.

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Found: Cancer-
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